BLACK EMPLOYMENT PROGRAM COUNCIL AWARDS PROGRAM

For the period October 1, 2000 - September 30, 2001

CATEGORIES

Federal Agency Award - This award is presented to a federal agency for outstanding efforts to promote and enhance the employment of African Americans. Efforts to eliminate traditional employment barriers for African American employees are significant.

Agency demographics will be used to give an overall pictorial view of the agency's position. The demographics should be submitted to include number of employees and the number of minority employees as defined by Public Law. Additionally, the number of developmental opportunities or other career progression positions at the agency, by series, with the number of African Americans selected for these positions are required.

Supervisory Award - This award recognizes the first -line supervisor for observed, measurable performance in meeting his/her responsibilities in Affirmative Action Programs development/ implementation in the area of African American employment.

Non Supervisory Award - This award distinguishes the employee who, through his/her own initiative, has been most supportive within an organization and has contributed most significantly to the concept of African American employment.

Black Employment Program Manager/Coordinator Award - This award is presented to the African American Employment Program Manager/Coordinator who has most significantly contributed to the overall concept of the Black Employment Program Council goals and objectives.

Community Involvement Award - This award recognizes the employee who has demonstrated significant community service achievements in education, employment, and other activities aimed at improving the employability and quality of life for the African American community.

ALL AWARD PACKAGES MUST BE POSTMARKED BY: JANUARY 11, 2002

Nominations postmarked after the closing date will not be accepted.

PLEASE MAIL ALL AWARD PACKAGES TO:

Department of Veterans Affairs Medical Center ATTN: Elizabeth C. Jenkins EEO PROGRAM MANAGER (00E/JC) 915 North Grand Avenue St. Louis. Mo. 63106

AGENCY AWARD

This award recognizes a Federal Agency that has demonstrated significant initiatives and accomplishments in support of the goals and objectives of the Black Employment Program. Recognition includes outstanding efforts to promote and enhance the employment of African Americans as well as efforts to eliminate employment barriers for African American employees.

Credit will be given only for those accomplishments occurring within the evaluation period (October 1, 2000 - September 30, 2001). Failure to include dates requested, improper inclusion of an activity completed, or receipt of the nomination form postmarked after the closing date of <u>January 11, 2002</u> will **INVALIDATE** this nomination. Use bullet format in areas, which require further explanation. Please type or print in black ink. Submit computer printouts, which provide the requested Information. Submit original and four copies of the nomination form, along with a suggested award citation.

AGENCY INFORMATION

Name of Agency:			
Agency size:	'		
Agency Address:			
City:	State:		Zip:
NOTE: All agencies are encouraged to submit nominations regardless of agency size. Credit is awarded based on percentages, not actual figures.			
Head of Agency;	lead of Agency; Agency Contact Point:		
Telephone Number: Date:			
Agency Head Signature:			
AGENCY CHARACTERISTICS Affirmative Employment Plan Progress Provide a narrative of your affirmative employment plan (s) and/or accomplishment report (s) which dentify significant achievements of your affirmative employment plan goals:			
Number of employees promoted during evaluation period. (list grade and series) Is this agency under a hiring freeze? Yes No			

Number of African American employees promoted during the evaluation period. (list grade and series)
BLACK EMPLOYMENT PROGRAM SUPPORT List the agencies participation/support in Black Employment Program functions during evaluation period
COMMUNITY SERVICE List the community activities your agency has sponsored or participated in during the evaluation period, support of African Americans. Provide the following information for each one:
 Name of activity and/or organization sponsored Role of agency

SUPERVISORY AWARD

This award recognizes the first-line Supervisor for observed, measurable performance in meeting his/her responsibilities in affirmative action program development and implementation in the area of Black Employment Program Management.

Credit will be given only for those accomplishments occurring within the evaluation period (October 1, 2000- September 30, 2001). Failure to include dates requested, the improper inclusion of an activity completed, or receipt of the nomination form postmarked after the closing date of **January 11, 2002**, will **INVALIDATE** the nomination. Use bullet format in areas, which require further explanation. Please type or print in black ink. Include all requested information; use additional paper if necessary. Do not list the individuals' academic or employment background unless it is relevant to the award category. Submit original and four copies of the nomination form, along with a suggested award citation.

Agencies or individuals submitting nominations are advised to follow agency policy with regard to obtaining necessary nomination concurrence. The BEPC requires that, to avoid public embarrassment to the nominee and the agency, all nominations will, at the minimum, have the advance approval of the nominee's immediate supervisor as verified by the supervisor's signature below.

NOMINEE

NOMINEE INFORMATION

Name:				
Position/Tile:		Series/Grade:		
Agency Name:				
Agency Address:				
City:	State:		Zip:	
SUPERVISOR				
Name:	Title:		Telephone Number:	
Signature:			Date:	
GENERAL INFORMATION Number Of Employees Supervised: (Title, Series, Grade Of Employees Supervised):				

List and explain actions supported and/or programs developed (i.e. cross training, establishing umobility position, development or implementation of individual development plan, etc.) to increase competitiveness and career development of African American employees during the evaluation Please provide the following information for each: • Program actions • Dates initiated • Identify results of actions and noteworthy accomplishments	se job
JOB RELATED SUPPORT AND PARTICIPATION List any type of support and participation that the candidate provided in his/her efforts to further mission of the BEPC: (suggestions: EEO participation and contributions to BEPC) do not list dut are part of candidate's regular job description.	
OUTSIDE ACTIVITIES THAT CONTRIBUTED TO THE MISSION OF THE BEPC List and explain actions, such as: Involvement in private organizations Offices held Committees chaired Other significant responsibilities/contributions Name/phone number of organization official who can be contacted for additional information	ı

NON-SUPERVISORY AWARD

This award recognizes an employee who through his/her own initiative has been most supportive within an organization and has contributed most significantly to Black Employment Program goals.

Credit will be given only for those accomplishments occurring within the evaluation period (October 1, 2000 - September 30, 2001). Failure to include dates requested, improper inclusion of an activity completed, or receipt of the nomination form postmarked after the closing date of <code>January 11, 2002</code>, will <code>INVALIDATE</code> the nomination. Use bullet format in areas, which require further explanation. Please type or print in black ink. Include all requested information; use additional paper if necessary. Do not list the individuals' academic or employment background unless it is relevant to the award category. Submit original and four copies of the nomination form, along with a suggested award citation.

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NOMINEE INFORMATION

	NOM	INEE		
Name:				
Position/Tile:		Series/Grade:		
Agency Name:				
Agency Address:				
City:	State:		Zip:	
SUPERVISOR				
Name:	Title:		Telephone Number:	
Signature:			Date:	
JOB RELATED SUPPORT AND PARTICIPATION List any type of support and participation that the candidate was awarded in his/her efforts to further the mission of the BEPC: (suggestions: EEO participation and contributions to BEPC) Do not list duties that are part of candidate's regular job description.				

OUTSIDE ACTIVITIES THAT CONTRIBUTED TO THE MISSION OF THE BEPC

List and explain actions: such as:

• • •	Involvement in private organizations Offices held Committees chaired Other significant responsibilities/contributions Name/phone number of organization official who can be contacted for additional information

BLACK EMPLOYMENT PROGRAM MANAGER/CHAIRPERSON AWARD

This award recognizes the Black Employment Program Manager/Chairperson who most significantly contributed to the concept, goals, and objectives of the Black Employment Council.

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NONTHE

NOMINEE INFORMATION

NOMINEE				
Name:				
Position/Tile:		Series/Grade:		
Agency Name:				
Agency Address:				
City:	ity: State:		Zip:	
SUPERVISOR				
Name:	Title:		Telephone Number:	
Signature:			Date:	
GENERAL INFORMATION List all accomplishments the BEPM/chairperson has made in the area of equal employment opportunity (EEO) such as projects completed or underway, workshops conducted, BEP plan of action goals completed, affirmative action progress, etc. List only those duties relating to the Black Employment Program. List community activities the BEPM/chairperson has been involved with during the evaluation period.				

Date appointed as agency's representative to the St. Louis metropolitan BEP council:
Number of BEPC meetings attended:
Held an office on BEPC: Yes No Office title:
List all actions the BEPM took to support the BEPC during the evaluation period:

COMMUNITY INVOLVEMENT AWARD

This award recognizes the employee who has demonstrated significant community service achievements in education, employment, and other activities aimed at improving the employability and quality of life for the African American community.

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NOMINEE

NOMINEE				
Name:				
Position/Tile:		Series/Grade:		
Agency Name:				
Agency Address:				
City:	State:		Zip:	
	SUPER	VISOR		
Name:	Title:		Telephone Number:	
Signature <u>(Requested but not re</u>	quired):		Date:	
GENERAL INFORMATION List community activities the employee has been involved with during the evaluation period.				
List accomplishments the employee has made in area of equal employment opportunity (EEO) such as projects completed or underway, workshops conducted, BEP plan of action goals completed, affirmative action progress, etc.				

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